



**TOWN OF HILTON HEAD ISLAND
REVENUE AND COLLECTIONS DIVISION**
One Town Center Court, Hilton Head Island, SC 29928
Phone (843) 341-4677 Fax (843) 341-4637
You can pay online at: www.hiltonheadislandsc.gov

Hospitality Tax Payment Form

NAME _____
MAILING ADDRESS _____

ACCOUNT #: _____
PHYSICAL ADDRESS _____

PHONE NUMBER: _____

Important: A tax payment form must be filled out and submitted each quarter. Additional forms can be obtained through www.hiltonheadislandsc.gov.

FILING STATUS: Circle one ► Monthly / Qtrly PAYMENT FOR PERIOD MONTH _____ QUARTER: 1st, 2nd, 3rd, 4th YR: _____

IS THE BUSINESS SOLD? If yes, please complete the following information: Date Sold: _____

NEW OWNER NAME _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER _____

HOSPITALITY TAX

Report in Whole Dollars

- | | | | | |
|---|----------------------|-----|---|-----|
| 1. Gross Proceeds: Food and Beverages | | [] | • | XX |
| 2. Hospitality Tax | Line 1 x 2%* (.02) ► | [] | • | [] |
| 3. Penalties are calculated as follows: 5% of the unpaid amount...for each month or portion thereof after the due date until paid. Additionally, delinquent businesses may be subject to a \$1092.50 municipal summons. | ► | [] | • | [] |
| 4. Total Hospitality Tax Due (Add Lines 2 and 3) | | [] | • | [] |



IMPORTANT ► Enclose payment with report. Please do not staple

This return becomes **DELINQUENT** if it is postmarked after the 20th day following the end of the period.

I hereby certify that the information contained on this report is true and accurate to the best of my knowledge and belief

Name: _____ Signature: _____

▼ FOR OFFICE USE ONLY ▼

Postmark	_____
CK#	_____
Receipt#	_____
Hospitality Tax	_____
Penalty	_____
Amt Received	_____
Adjustment	_____
Bal Due	_____
Refund Due	_____
Source:	B or C

***Make additional copies for each quarter as needed.**